

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

863-046088

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11670

STATE FILE NUMBER

FILED DEC - 2 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST LOUIS</u>		c. CITY OR TOWN <u>MEHLVILLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>ST ANTHONY HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>4751 MEHL AV.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>HERBERT EDW STEYH</u>		4. DATE OF DEATH Month Day Year <u>NOV - 25 - 1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-6-1886</u>
9. AGE (last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PHARMACIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PHARMACY</u>	
11. BIRTHPLACE (City and state or country) <u>BURLINGTON IOWA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>HENRY STEYH</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET MAGEL</u>	
14. NAME OF HUSBAND OR WIFE <u>FLORENCE STEYH</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW II</u>	
16. SOCIAL SECURITY NO. <u>4751 MEHL AV</u>		17. INFORMANT <u>FLORENCE STEYH ST LOUIS MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u> Arteriosclerotic heart disease 420.0 DUE TO (b) <u>420.0</u> DUE TO (c) <u>420.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>11.23.59</u> to <u>11.25.63</u> and last saw her alive on <u>11.25.63</u> Death occurred at <u>9:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree, or title) <u>W M Jorman MD</u>	
22b. ADDRESS <u>9505 Jarvis</u>		22c. DATE SIGNED <u>11.16.63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>Nov-29-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL Cem</u>		23d. LOCATION (City, town, or county) (State) <u>JEFF BRKS MO</u>	
24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 26 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Ed Smith MD</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. W. Fictel

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.